

FACSIMILE COVER SHEET

The Law Offices of
STRAUB & POKOTYLO

788 Shrewsbury Ave.
Tinton Falls, NJ 07724

Telephone: 732-936-1400
Facsimile: 732-936-1401
Internet site: www.sp-ip.com

RECEIVED
CENTRAL FAX CENTER
OCT 10 2008

To: **U.S. Patent and Trademark Office**

Facsimile No.: **(571) 273-8300**

From: **John C. Pokotylo, Esq.**

Date: **October 10, 2008**

Number of Pages Including Cover: **19**

MESSAGE: **FORMAL SUBMISSION OF:**

- 1) Transmittal (1 pg.);**
- 2) Fee transmittal (1 pg.); and**
- 3) Amendment (16 pgs.).**

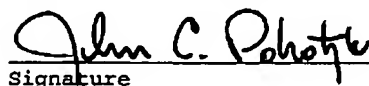
Attorney Docket No.: **OOCL-188 (PC-P1821US)**
Appl. No.: **10/516,700**
Applicants: **Tomonao KAWASHIMA, et al.**
Filed: **December 2, 2004**
Title: **ULTRASONIC TOMOGRAPHIC DIAGNOSTIC APPARATUS**
TC/A.U.: **3768**
Examiner: **Helene Catherine Bor**

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper (and any accompanying paper(s))
is being facsimile transmitted to the United States Patents and
Trademark Office on the date shown below.


John C. Pokotylo

Type or print name of person signing certification


Signature

October 10, 2008
Date

RECEIVED
CENTRAL FAX CENTER
OCT 10 2008

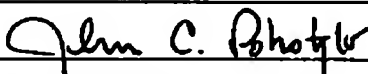
Please type a plus sign (+) inside this box --> 

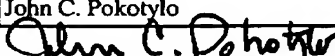
Modified PTO/SB/21 (08-00)
 Approved for use through 10/31/2002. OMB 0651-0031
 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/516,700
	Filing Date	December 2, 2004
	First Named Inventor	Tomonao KAWASHIMA
	Group Art Unit	3768
	Examiner Name	Helene Catherine Bor
Total Number of Pages in This Submission		Attorney Docket Number OOCL-188 (PC-P1821US)

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Postcard Receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	John C. Pokotylo (Reg. No. 36,242)
Signature	
Date	October 10, 2008

CERTIFICATE OF FACSIMILE			
I hereby certify that this correspondence is being facsimile transmitted to the United States Patents and Trademark Office on this date:			October 10, 2008
Typed or printed name	John C. Pokotylo		
Signature		Date	October 10, 2008

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

OCT 10 2008

Modified PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL
for FY 2008**

Effective 09/30/2007. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 0.00

Complete if Known

Application Number	10/516,700
Filing Date	December 2, 2004
First Named Inventor	Tomonao KAWASHIMA
Examiner Name	Helene Catherine Bor
Art Unit	3768
Attorney Docket No.	OOCL-188 (PC-P1821US)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:Deposit
Account
Number
Deposit
Account
Name

50-1049

Straub & Pokotylo

The Commissioner is authorized to: (check all that apply)

☒ Charge any underpayment of fee(s) indicated below ☒ Credit any overpayments☒ Charge any fee(s) due in connection with the filing submitted herewith☒ Charge fee(s) indicated below, except for the filing fee in the to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING, SEARCH & EXAMINATION FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1090	545	Utility fee	
460	230	Design fee	
720	360	Plant fee	
1520	760	Reissue fee	
220	110	Provisional fee	
SUBTOTAL (1)			(\$) 0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		-20** =		X		=	
Independent Claims		-3** =		X		=	
Multiple Dependent						=	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 52	2202 26	Claims in excess of 20
1201 220	2201 110	Independent claims in excess of 3
1203 390	2203 195	Multiple dependent claim, if not paid
1204 220	2204 110	**Reissue independent claims over original patent
1205 52	2205 26	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$) 0.00

**or number previously paid, if greater, For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 85	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 130	2251 65	Extension for reply within first month	
1252 490	2252 245	Extension for reply within second month	
1253 1,110	2253 555	Extension for reply within third month	
1254 1,730	2254 865	Extension for reply within fourth month	
1255 2,350	2255 1,175	Extension for reply within fifth month	
1401 540	2401 270	Notice of Appeal	
1402 540	2402 270	Filing a brief in support of an appeal	
1403 1,080	2403 540	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 540	2452 270	Petition to revive - unavoidable	
1453 1,620	2453 810	Petition to revive - unintentional	
1501 1,510	2501 755	Utility issue fee (or reissue)	
1502 860	2502 430	Design issue fee	
1503 1,180	2503 595	Plant issue fee	
Petitions to the Commissioner - check fee sheet			
1807 50	1807 50	Processing fee under 37 CFR 1.17(c)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 810	2809 405	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 810	2810 405	For each additional invention to be examined (37 CFR 1.129(b))	
1801 810	2801 405	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$) 0.00

SUBMITTED BY

Name (Print/Type)	John C. Pokotylo	Registration No. (Attorney/Agent)	36,242	Telephone	(732) 936-1400
Signature	<i>John C. Pokotylo</i>	Date	October 10, 2008		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231.

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER
OCT 10 2008

Attorney Docket No.: **OOCL-188 (PC-P1821US)**

Appl. No.: **10/516,700**

Applicants: **Tomonao KAWASHIMA, et al.**

Filed: **December 2, 2004**

Title: **ULTRASONIC TOMOGRAPHIC DIAGNOSTIC APPARATUS**

TC/A.U.: **3768**

Examiner: **Helene Catherine Bor**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the final Office Action mailed on July 11, 2008 (Paper No. 20080619), which set a period for response to expire on October 11, 2008, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.